Mental Health Services Act Community Services and Supports Revisions From May 18th Draft to Final Requirements

Conference Call

Friday, August 12, 2005

2:00 PM – 3:00 PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714

Verbal Pass Code: MHSA

TTY#: 1-800-735-2929

Conference Call Agenda

2:00	Welcome and Purpose of Call – Carol Hood
2:02	Review Agenda and Conference Call Process – Carol Hood
2:05	Overview of Revisions – Carol Hood
2:15	Approval Process and Three Types of Funding – Carol Hood
2:20	Program Expenditures and Analyzing Mental Health Needs – Silvia Rodriguez-Sanchez
2:25	Identifying Initial Populations – Dee Lemonds
2:27	Identifying Program Strategies– Dave Neilsen
2:30	Assessing Capacity – Tina Wooton
2:32	Work Plans and Budgets – Mike Geiss
2:40	Questions and Answers – DMH Staff
3:00	Adjourn

Overview of Revisions From 5/18 Draft

- Revisions have incorporated stakeholder feedback

- Revisions have been made to clarify and simplify plan requirements and responses

Overview of Revisions From 5/18 Draft

- Policy regarding involuntary / voluntary services has been revised to read, "Individuals accessing services funded by the Mental Health Services Act may have voluntary or involuntary legal status which shall not affect their ability to access the expanded services under this Act. Programs funded under the Mental Health Services Act must be voluntary in nature. Services provided in jails and juvenile hall must be for the purpose of facilitating discharge." – p. 1

Revisions Made:
Approval Process

- Clarification that the approval process may be incremental. If additional Information is needed, work plans must be submitted for each program. This will not hold up approval on acceptable work plans / programs. – p. 2-3

Reminder of the Types of System Transformation Funding Available

- *Full Service Partnership Funds – funds to provide "whatever it takes" for initial populations*

- *General System Development Funds – funds to improve programs, services and supports for the identified initial full service populations and for other clients consistent with the populations described in Part II*

- *Outreach and Engagement Funding – funds for outreach and engagement of those populations that are currently receiving little or no service*

Revisions Made:
Three Types of Funding

- These funding types are approaches to service delivery and not categorical funds and do not need to be tracked separately. – p. 7

- Clarification that Full Service Partnership (FSP) Funds may include flexible funding, but that access to generic community services should be obtained wherever feasible. Also, Mental Health Services Act (MHSA) funds are for Community Services and Supports when access to these services cannot be obtained through other sources and such expenditures are consistent with other MHSA requirements. – p. 7-8

Revisions Made:
Three Types of Funding

- Clarification that General System Development Funds
  - May only be used for mental health services and supports. Cost for community supports such as rental subsidies or other treatment such as health care or substance abuse treatment are not allowed under the General System Development funding.
  - In collaborative programs, only the portion of the costs associated with mental health activities are allowable.
  - For positions with blended functions, only the portion of the costs associated with mental health activities are allowable. – p. 8

Revisions Made:
Three Types of Funding

- Clarification that Outreach and Engagement Funds may only be used for activities to reach unserved populations. – p. 8

- Services from General System Development and Outreach and Engagement Funds that are provided to individuals who have FSPs may be counted in achieving the requirement that the majority of Community Services and Supports funding must be FSP. – p. 9

Revisions Made:
Program and Expenditure Plan Requirements

- An addition of an overview section and definition of specific populations of children and youth, adults and older adults to be served under the MHSA. – p. 12

- Revision to the requirements regarding the planning for services for all 4 age groups; if a county believes that it is not feasible to provide expanded mental health services for each age group in the initial years, they must explain why and indicate the plan to provide MHSA services for at least some of the populations in each age group by year three and provide assurance that the remaining groups will be addressed in future plans. – p. 13

Revisions Made:
Analyzing Mental Health Needs

- Clarification that the definition of the unserved includes people who have extremely brief and / or only crisis-oriented contact with the mental health system. – p. 16

- Expanded description of the underserved – underserved individuals / families are a part of the racial ethnic populations that have not had access to mental health programs due to barriers such as poor identification of their needs, provider barriers lacking ethno-culturally competent services, poor engagement and outreach, limited language access, limited access in rural areas and American Indian rancherias or reservations and lack of culturally competent services and programs within existing mental health programs. – p. 16

Revisions Made:
Analyzing Mental Health Needs

- Part II, Section II: Revised and expanded "Responses" for numbers 3 and 4, emphasizing a discussion / analysis of ethnic disparities in the types of populations and the requirement to identify objectives related to the need for, and provision of, culturally and linguistically competent services based on population assessment, the counties' threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this plan. – p. 20

Revisions Made:
Identifying Initial Populations for Full Service Partnerships

- Expanded definitions of Adults with serious mental illness, including examples of "not currently served" and "underserved" – p. 21

- Expanded description of expectations of services for fully served individuals – p. 22

Revisions Made:
Identifying Program Strategies

- Clarification that Wraparound programs must be consistent with program requirements found in W&I Code, Section 18250-18252. If Wraparound services already exist, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year period. – p. 24, 25, 26

Revisions Made: Assessing Capacity

- Revision to "Response" section – to now reflect a required:
  - Analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county
  - Assessment of culturally and linguistically diverse direct service providers as compared to the same characteristics in the community
  - Analysis of barriers and challenges and the counties' plan to overcome these during implementation – p. 38

Revisions Made: Development of Work Plans with Timeframes and Budget/Staffing

- A change requiring a separate work plan for each program

- Clarification of a definition of "program" – which is one or more services used in an organized manner to provide strategies for services and supports as listed in Section IV to an individual to achieve positive outcomes

- Clarification that strategies are the approaches to providing a program/service. Some services may not be part of a comprehensive program and may be presented as a stand-alone service or program. – p. 38-39

Revisions Made:
Work Plans and Budgets

- Additional clarification of the "Programs to be Developed or Expanded" on preparing the Work Plans and Budgets – p. 40-43

- Clarification for counties that are wishing to develop a joint program budget – p. 52

- Clarification regarding intergenerational programs – p. 54

Revisions Made:
Work Plans and Budgets

- The budget format has been simplified and a detailed staffing worksheet has been added

- A separate budget is provided for County administrative costs for managing programs / services under the MHSA

- A program management line item for contract providers and other county agencies has been added

Revisions Made:
Work Plans and Budgets

- Where a contract provider is known, a detailed line item budget is required

- If the contract provider is not yet known, only the total estimated contract amount and detailed staffing worksheet are required

- Counties should indicate the amount of the program budget that is used to fund Full Service Partnerships

Revisions Made:
Work Plans and Budgets

- Quarterly Cash Balance Report will be used to monitor available cash-on-hand in each county

- Counties with excessive cash balances may have their quarterly distributions modified

Questions